



# APPLICATION FORM FOR TRINIDAD AND TOBAGO EMERGENCY TRAVEL DOCUMENT

PLEASE PRINT INFORMATION IN BLOCK LETTERS  
USING DARK BLUE OR BLACK INK PEN

**WARNING TO ALL APPLICANTS AND RECOMMENDERS**  
Any such person who makes a written or oral statement knowingly to be  
false or misleading is guilty of an offence and is liable to fine and  
imprisonment.

FOR OFFICIAL USE ONLY

DOCUMENT # _____	REASON FOR APPLICAITON _____	DATE OF ISSUE _____	CITIZEN [ ]
ORIGIN _____	RECEIPT # _____	VALID TO _____	RESIDENT [ ]
PRE-PAID SHIPPING _____	DATED _____	PICK UP _____	OTHER [ ]

**1. NAME TO APPEAR IN DOCUMENT (APPLICANT OR CHILD)**

SURNAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

MIDDLE NAME(S) \_\_\_\_\_

MAIDEN NAME \_\_\_\_\_

FORMER NAME

SURNAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

MOTHER'S MAIDEN NAME

SURNAME \_\_\_\_\_

**2. PERSONAL INFORMATION OF DOCUMENT HOLDER**

PHOTOGRAPH

DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SEX MALE [ ] FEMALE [ ]

PLACE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
TOWN / CITY \_\_\_\_\_

HEIGHT (CM) \_\_\_\_\_ EYE COLOUR \_\_\_\_\_

HAIR COLOUR \_\_\_\_\_

MARITAL STATUS : SINGLE [ ] MARRIED [ ] WIDOWED [ ] DIVORCED [ ]  
SEPARATED [ ] OTHER [ ]

OCCUPATION / PROFESSION \_\_\_\_\_

**HOME ADDRESS**

\_\_\_\_\_  
Street Name Town/ City

\_\_\_\_\_  
Town /City Country

**MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)**

\_\_\_\_\_  
Street Name Town/ City

\_\_\_\_\_  
Town /City Country

**WORK ADDRESS, OR IF RESIDENT ABROAD, LOCAL ADDRESS**

\_\_\_\_\_  
Street Name Town/ City

\_\_\_\_\_  
Town /City Country

**NAME OF FIRM / ORGANIZATION**

\_\_\_\_\_

HOME TEL. NO. \_\_\_\_\_ / OFFICE TEL. NO. \_\_\_\_\_

I solemnly declare that :

- (i) I am a Citizen / Resident of Trinidad and Tobago,
- (ii) The statements made in this application are true,
- (iii) The photographs enclosed are a true likeness of me
- (iv) I do not have nor am I in possession of a valid travel document at this time and
- (v) I know the recommender for at least three years.



Dated \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ I.D. \_\_\_\_\_

Specimen Signature of Applicant or Child

**3. DECLARATION OF APPLICANT ON BEHALF OF A MINOR (UNDER THE AGE OF 18 YEARS)**

I, **FIRST NAME** \_\_\_\_\_

**SURNAME** \_\_\_\_\_

Solemnly declare that I am the \_\_\_\_\_ of the child whose name is  
(RELATIONSHIP)

**FIRST NAME** \_\_\_\_\_

**SURNAME** \_\_\_\_\_

I also declare that the statements made in this application are true, the photographs enclosed are a true likeness of the child and I have know the recommender for at least three years.

DATED \_\_\_\_\_ Signature of Parent/ legal Guardian →



**4. DECLARATION OF RECOMMENDER**

I, **FIRST NAME** \_\_\_\_\_

**SURNAME** \_\_\_\_\_

Solemnly declare that I am a commonwealth citizen and to the best of my knowledge and belief, all statements made in this application form are true. I make this declaration from my knowledge of the applicant whose name is :

**NAME OF APPLICANT**

**FIRST NAME** \_\_\_\_\_

**SURNAME** \_\_\_\_\_

Whom I have known personally for \_\_\_\_\_ years.

**MY OCCUPATION** \_\_\_\_\_

**NAME OF FIRM / ORGANIZATION AND ADDRESS**

\_\_\_\_\_  
Name of Firm / Organization

\_\_\_\_\_  
Street Name Town/ City

\_\_\_\_\_ Country

**OFFICE TEL. NO.** \_\_\_\_\_ **HOME TEL. NO.** \_\_\_\_\_

Dated \_\_\_\_\_  
Day Month Year

I.D CARD / PASSPORT # \_\_\_\_\_

Date of Issue \_\_\_\_\_  
Day Month Year

Signature of Recommender →



**5. FOR OFFICIAL USE ONLY**

- Birth / Baptismal Certificate ..... Applicant seen by .....
- Naturalization Certificate ..... Approved By .....
- Adoption Certificate ..... Document Written .....
- Registration Certificate ..... Document signed by .....
- Decree Absolute .....
- Marriage Certificate ..... Approving Officer’s Stamp
- Sworn Declaration .....
- Deed Poll .....
- Others .....

**6. SPECIMEN SIGNATURE OF HOLDER WHICH WILL BE DETACHED AND AFFIXED TO THE TRAVEL DOCUMENT.**

